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## APPLICANTS

Boris Yokhin, Nazareth Illit, ISRAEL; *CT*\*\* CONTINUING DATA \*\*\*\*\* *none CT*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none CT*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>CT</i> Initials <i>CT</i>	ISRAEL	4	50	8

## ADDRESS

27123  
 MORGAN & FINNEGAN, L.L.P.  
 3 WORLD FINANCIAL CENTER  
 NEW YORK, NY  
 10281-2101

## TITLE

X-ray scattering with a polychromatic source

FILING FEE  RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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